

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 190
Registered No. 107

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township Globe or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Kathleen Frances Hawes { If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Female To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes

7. Date of birth

May 27, 1920
Month Day Year

8.

FATHER
Full name Ralph Hawes

9. Residence

(Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday

34 (Years)
Safford Ariz.

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of Industry

Truck driver
Tex Oil Co.

14.

MOTHER
Full maiden name Flora Hendrix

15. Residence

(Usual place of abode) Globe Ariz.
If non-resident, give place and state.

16. Color or race

White

17. Age at last birthday

26 (Years)

18. Birthplace (city or place)

(State or country)

Anchorage
Idaho

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

3

(a) Born alive and now living

2

(b) Born alive but now dead

1

(c) Stillborn

0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive at 11:20 P.M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

J. C. Harper
Physician

(Physician or Midwife)

Given name added from a supplemental report

Month, day, year

Address

Globe, Arizona

Filed June 4, 1920

Registrar

Registrar

082-527-687